

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification:: 601/121

Suggested Group Art Unit::

CD-ROM or CR-R?:: None

Title:: Back Muscle Rollover

Attorney Docket Number:: Leahs.us, LLC 01

Request for Early Publication?:: No

Request for No Publication?:: No

Suggested Drawing Figure:: FIG 1

Total Drawing Sheets:: 1

Small Entity:: Yes

Petition Type:: 37 C.F.R. §§1.9 (f) and 1.27 (c)

Secrecy Order in Parent Appl.?:: No

Applicant Information (first named)

Applicant Authority Type:: Inventor

Primary Citizenship

Country:: USA

Status:: Full Capacity

Given Name:: Carolyn
Middle Name:: Leah
Family Name:: Banks
City of Residence:: Carlsbad
State or Province of Residence:: New Mexico
Country of Residence:: USA
Street of mailing address:: 1708 Jewel
City of mailing address:: Carlsbad
State or Province of Mailing address:: New Mexico
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 88220

Applicant Information (second named)

Applicant Authority Type:: Inventor
Primary Citizenship
Country:: USA
Status:: Full Capacity
Given Name:: Leilani
Middle Name:: Susan
Family Name:: Buxton
City of Residence:: Hatfield
State or Province of

Residence:: Arkansas
Country of Residence:: USA
Street of mailing address:: 708 Polk 26
City of mailing address:: Hatfield
State or Province of
Mailing address:: Arkansas
Country of mailing
address:: USA
Postal or Zip Code of
mailing address:: 71945

Applicant Information (third named)

Applicant Authority Type:: Inventor
Primary Citizenship
Country:: USA
Status:: Full Capacity
Given Name:: Robert
Middle Name:: Loyd
Family Name:: Kennedy
Name Suffix:: Jr.
City of Residence:: Carlsbad
State or Province of
Residence:: New Mexico
Country of Residence:: USA
Street of mailing address:: 1010 Center #14
City of mailing address:: Carlsbad

State or Province of
Mailing address:: New Mexico
Country of mailing
address:: USA
Postal or Zip Code of
mailing address:: 88220

Applicant Information (fourth named)

Applicant Authority Type:: Inventor
Primary Citizenship
Country:: USA
Status:: Full Capacity
Given Name:: Misty
Middle Name:: Dawn
Family Name:: Kennedy
City of Residence:: Carlsbad
State or Province of
Residence:: New Mexico
Country of Residence:: USA
Street of mailing address:: 1010 Center #14
City of mailing address:: Carlsbad
State or Province of
Mailing address:: New Mexico
Country of mailing
address:: USA
Postal or Zip Code of
mailing address:: 88220

Correspondence Information

Name:: Carolyn Leah Banks
Street of mailing address:: 1708 Jewel
City of mailing address:: Carlsbad
State or Province of
Mailing address:: New Mexico
Postal or Zip Code of
mailing address:: 88220
Phone number:: 505-885-4375, 505-885-9352, 505-361-5580
Fax Number:: 505-885-1515
E-Mail address:: carolynbanks@usa.net , carolyn@leash.us ,
cbanks@cavern.nmsu.edu

Representative Information

Representative Designation::	Registration Number::	Representative Name::
Primary		Carolyn Leah Banks
Associate		Leilani Susan Buxton
Associate		Robert Loyd Kennedy, Jr.
Associate		Misty Dawn Kennedy

[This application has no priority claims]

Assignee Information

Assignee Name:: Leahs.us, LLC
Street of mailing address:: 1708 Jewel
City of mailing address:: Carlsbad
State or Province of
Mailing address:: New Mexico
Postal or Zip Code of
mailing address:: 88220